Current Challenges and Issues Facing the Addiction Treatment Workforce

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Order of Presentation

- CSAT efforts to address workforce issues (environmental scan, meetings with stakeholders)
- Contextual conditions of the workforce
- Major challenges and cross-cutting issues
- Key themes to assist the workforce

State of the Workforce

 Addiction treatment is only as good as the workforce that delivers it

Good treatment is dependent on the quantity and quality of the workforce -- a sufficient number of individuals adequately trained to provide care

State of the Workforce

- Instability in the workforce inhibits
 - Day-to-day operations
 - Quality improvement
 - Workforce expansion

CSAT Efforts to Address Workforce Development Issues

History of CSAT Efforts

- In 1999, CSAT reviewed workforce issues through the Workforce Issues Panel of the National Treatment Plan (now Partners for Recovery)
- Panel recommendations:
 - Create national platform within SAMHSA
 - Develop and strengthen infrastructure to attract, support and maintain competent and diverse workforce
 - Improve workforce competency through education and training

Current Efforts of CSAT

Develop a national workforce strategy

- Environmental scan conducted in 2003
- Nine stakeholder meetings held in 2004
- Strategy in development

Environmental Scan

 Document and highlight demographic and system conditions

 Examine existing workforce related documents and published articles (Focused on the last 5 years)

Meetings with Stakeholders

 To identify the most pressing workforce development issues

 To solicit recommendations for SAMHSA and their DHHS partners in developing a national strategy

120 individuals provided input

Meetings with Stakeholders

- The nine meetings were:
 - Key Leaders
 - Professional Associations
 - Colleges and Universities
 - Federal Agencies
 - Clinical Supervisors
 - Human Resource Managers
 - Recovery Support Personnel
 - 2 Regional meetings with State Directors, providers, ATTCs)

Meetings with Stakeholders (cont'd)

- Attendees in these meetings represented
- Certification Boards
- Faith-based Providers
- Marriage and Family Therapists
- Nurses
- Physicians
- Professional Trade Associations

- Psychiatrists
- Researchers
- Social Workers
- Treatment Providers
- Others

Contextual Conditions of the Addictions Treatment Workforce

Composition of the Workforce

- In 1996-97, substance abuse treatment workforce
 - 132,000 full-time staff
 - 45,000 part-time
 - 22,300 contract staff (SAMHSA 2003, Landis 2002)
- Medical staff
 - 17% full-time staff
 - 31% part-time
 - 47% contract staff (SAMHSA 2003)

Composition of the Workforce

- Most programs did not have full time medical staff
 - Only 54% had part-time physician on staff
 - Outside of methadone programs, fewer than
 15% employed a nurse (McLellan et al 2002)

Demographics of the Clinical Workforce

 More than 67,000 practitioners provide addiction treatment (Harwood, 1998)

Gender

- Females comprised 50-70% of clinical workforce
- 70% of new counselors are female (NAADAC study)

Age

- Average age of clinical staff (mid 40s to 50 years)
- 75% of workforce over 40

Race and Ethnicity

- 70-90% of workforce is White
- Private agencies have fewer minority staff than public agencies

Table 1: **Comparative Demographics Clinicians Patients** 50% between Average age: Age 45-50 ages 25-44 70-90% 60% Non-Hispanic Non-Hispanic Race Whites Whites 70% Male 50-70% Gender **Female** admissions

Source: Kaplan, 2003; TEDS, 2000

Demographics of the Workforce

Education Level

- 60-80% of direct service staff had a bachelor's degree and
- 50% had a master's degree (Kaplan, 2003)
- Treatment staff have degrees in many areas (few have academic courses or degrees in addiction treatment)

System Issues

- Changing patient population
- Utilization of medications
- Application of evidence-based practices
- Performance and outcome measures requirements
- Capacity pressures

Major Challenges and Cross-cutting Issues of the Addiction Treatment Workforce

Major Challenges of the Workforce

- Recruitment
- Retention
- Competency

Recruitment

- Estimates are that close to 5,000 new counselors are needed annually for net staff replacement and growth (Lewin 1994)
- Most people enter the field in mid-30s and often as a second career
- 84% of staff and directors said low salaries are #1 reason for recruitment problems (RMC 2003; RMC 2003a; OASAS 2002)

Recruitment (cont'd)

- Reasons for entering the field were:
 - Work is challenging
 - Want to help others
 - Concerned about substance abuse
 - Person or a family member has had substance abuse problem (NAADAC 2003)

Retention

- Turnover rates above national average of 11% ranging from 18.5 - 33% a year (McLellan & Johnson, et al 2002)
- Most turnover is voluntary
 - People move from one agency to another
 - 63% of staff have worked in the field six years or more but 68% have been in their jobs less than 5 years (Harwood 2002)

Retention

Strategies for improving retention include:

- Increasing salaries
- Reducing paperwork and
- Creating more opportunities for personal growth and advancement

- "...a measurable human capability that is required for effective performance..."
- "...comprised of knowledge, a single skill or ability, a personal characteristic, or a cluster of two or more of these..."
- "...are the building blocks of work performance..."

-- Marrelli et al

- Education
- Standards
- Training

- Variation in educational programs (curricula, degree programs)
 - 442 addiction studies programs at various degree levels
 - 18% at graduate level
 - 13% at undergraduate level
 - 69% at associates level (Taleff, 2003)
- No national academic accreditation process
- No national core competency standards

- Training
 - Use of evidence-based practices
 - Outcome measurement
 - New medications
 - Addiction treatment (primary health care, allied health professions)

Discipline	Workforce	Addiction Specialist Certified
Primary care	700,000	2,790 ASAM Certified
Psychiatry	30,000	1,067 Addiction Psychiatrist
Clinical Social Work	69,800	989 APA Substance Abuse Certified
Nursing	2,200,000	4,100
Physician Assistant	27,500	185
Marriage/Family Therapy	50,000	2,500

Source: IOM 1997

Cross-Cutting Issues

Stigma

Noncompetitive compensation

Stigma

- Negative consequences of stigma associated with addiction
 - Difficulty in recruitment and retention
 - Addiction professionals considered lower status than other professionals
 - Reluctance to enter the field
 - Contributes to noncompetitive salaries
 - Misconceptions about treatment, and the qualifications of a clinician

Compensation

- Low Salaries
 - In 2002, average salaries in low \$30,000s
 - Majority of counselors (61%) earned between \$15,000 and \$34,000
 - Majority of agency directors (68%) had salaries ranging from \$40,000 - \$75,000
- Factors associated with higher salaries: graduate degrees, certification, and years in the field

Compensation

- Inadequate health care coverage among professional staff
 - 30% had no medical coverage
 - 40% no dental coverage
 - 55% not covered for substance use or mental health services (Counselor, 2004)

Key Themes to Assist the Workforce

Key Themes

- Support training for clinical and recovery support supervisors
- Investigate loan forgiveness and repayment programs
- Develop career paths and establish national core competencies
- Develop leadership and management initiatives
- Provide support related to relapse in the workforce
- Provide education on addiction treatment within other disciplines